

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000051166

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: QCSP QUALITY CUSTOMER SERVICE PROVIDERS, INC.

**Current Principal Place of Business:**

1450 NW 174TH STREET  
MAIMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

1450 NW 174TH STREET  
MAIMI, FL 33169

**New Mailing Address:**

FEI Number: 03-0441303

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CODRINGTON, JUANITA  
1450 NW 174TH ST  
MAIMI, FL 33169 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CODRINGTON, JUANITA  
Address: 1450 NW 174TH ST  
City-St-Zip: MIAMI, FL 33169

Title: T ( ) Delete  
Name: CODRINGTON, ARTHUR  
Address: 1450 NW 174TH ST  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUANITA CODRINGTON

DIR

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date